American Indian Health and Family Services of Southeast Michigan's
Manidookewigashkibjigan Sacred Bundle: R.E.S.P.E.C.T. Project

Part 2 - GATEKEEPER’S Follow-up to Mental Health Referral Survey

This referral follow-up form is required for each youth you referred for mental health services. Completing this form will help determine if the youth attended their initial appointment and what services were recommended. This form needs to be completed within 90 days from the date of your referral.

Your responses are important to help us determine the effectiveness of early identification of mental health problems to prevent suicide attempts and death.

If you have additional questions about how you filled out this form, found errors, or have ideas for improving the process of recording data on this form, please contact Christy Bieber at (313) 846-3718 ext. 1217 or cbeiber@aihfs.org.

**Early Identification Information**

1. Date: (Date of Identification): ____ ____/ ____ ____/ ____ ____ ____ ____  
   Month  Day  Year

**Gatekeeper Information**

2. Gatekeeper Name: _______________________  _______________________  
   First Name (please print)  Last Name (please print)

3. Date Part 2 – Survey completed: ____ ____/ ____ ____/ ____ ____ ____ ____  
   Month  Day  Year

**Follow-up to Mental Health Referral**

4. In the 3 months following the date of referral, did the youth receive mental health services as a result of the mental health referral?  
   ____ 1=Yes [Skip to item 5, next page]  
   ____ 2=No  
   ____ 3=Don’t know

4a. [IF NO] Why did the youth not receive the mental health service? (Please check only one)  
   ____ 1= No action was taken following the referral  
   ____ 2= Made an appointment but youth did not attend the appointment  
   ____ 3= Attempted to make an appointment but youth was wait-listed for at least 3 months  
   ____ 4= Parent refused service or could not be contacted  
   ____ 5= Don’t know (Please explain: _________________________________)
4b. **[IF Don’t know]** Why do you not know if the youth received services?
   - 1= Parent permission for tracking required but not granted
   - 2= No tracking system in place
   - 3= Tracking system requires an agreement to share data but the agreement is not in place
   - 4= Tracking system prohibits data sharing

If youth did not receive mental health services or if don’t know END SURVEY.

Otherwise, please continue below!

5. **[IF YES]** What service did the youth receive at the initial appointment? (Select all that apply).
   - 1= Mental health assessment
   - 2= Substance use assessment
   - 3= Mental health counseling
   - 4= Substance abuse counseling
   - 5= Inpatient or residential psychological services
   - 6= Other service (Please describe: ________________________________)

6. **[IF YES]** Date of initial service (1st appointment):
   - ___ ___ / ___ ___ / ___ ___ ___ ___
   - Month   Day   Year

Miigwetch (Thank you) for filling out the *Gatekeeper's Mental Health Referral Follow-up Survey* for each youth referred for mental health-related services. We appreciate your promptness and accuracy.

Please give your completed form to Christy Bieber, Sacred Bundle Project Coordinator. Also, please contact Christy Bieber at (313) 846-3718 ext. 1217 or cbeiber@aihfs.org if you have questions about how you filled out this form, found errors, or have ideas for improving the form completing process.